

SECTION 8: MEDICATION MANAGEMENT	POLICY: 8B.16
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PURPOSE:

- To ensure the safe handling, administration, documentation, and disposal of controlled substances (Schedules II–V) in the home infusion setting.
- To promote patient safety and effective pain management.
- To ensure compliance with federal and state regulations regarding controlled substances.
- To prevent misuse, diversion, or accidental exposure to narcotics.

POLICY:

- Controlled Substances (ie. Narcotics) are medications classified under Schedules II–V of the Controlled Substances Act, including but not limited to opioids such as morphine, fentanyl, and hydromorphone.
- Controlled substances may only be administered by a licensed nurse or taught to the patient by a trained RN, per a valid physician's order.
- All narcotics must be securely stored, administered using aseptic technique, and documented accurately.
- Infusions may be delivered via locked PCA pumps or direct nurse administration.
- Any suspected loss, theft, or diversion of a controlled substance must be reported to the Agency immediately.

PROCEDURE:

1. Order Verification

- Confirm physician's order includes:
 - Patient's name
 - Drug name, dosage, route, frequency, and duration
 - Diagnosis/indication
- **Clarify any discrepancies with the Agency before proceeding.**

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2. Preparation

- Perform hand hygiene and maintain aseptic technique.
- Assemble all necessary supplies on a clean, dry surface.
- Establish and verify IV access before handling medication.
- Explain the procedure to the patient/caregiver.

3. Administration

- Perform 2-patient identifier check (e.g., name and DOB).
- Record baseline vital signs and pain level.
- Administer medication per MD order and pharmacy label.
- Remain with the patient for the entirety of the infusion or 15–30 minutes if using a locked PCA pump.
- Monitor for adverse effects, including hypersensitivity or anaphylaxis.
 - If a serious reaction occurs, stop infusion, initiate emergency treatment, and notify EMS and the Agency.

4. Post-Infusion

- Flush IV with 10 mL saline (or as ordered).
- Remove IV if placed during the visit and apply pressure dressing.
- Clean workspace and dispose of waste properly.

5. Waste Procedure

- When to Waste:
 - At the end of an infusion or during a bag change if medication remains in the IV bag or tubing.
- How to Waste:
 - Render the remaining narcotic **non-retrievable** by flushing it down a sink or toilet, in accordance with DEA and Agency guidelines.
 - Ensure the waste is performed in a manner that prevents diversion or reuse.
- Documentation of Waste:
 - Record the **volume of medication wasted**.
 - Include:
 - Date and time of waste
 - Drug name and dosage
 - Lot number and expiration date
 - Reason for waste (e.g., end of infusion, bag change)
 - Nurse's name and signature

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6. Documentation:

- Record:
 - Date/time of administration
 - Drug name, dose, route, infusion rate
 - Lot number and expiration date
 - Nurse's name/signature
 - Patient response (pain score, side effects)
 - Volume administered and wasted
- For PCA pumps, document starting volume, doses administered during visit, and remaining volume prior to departure.